

# TRENDS

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## State Health Plan Payments Up Drastically in '99

### Largest Growth Since 1992

The State Health Plan's (SHP) per capita claims payments rose 12.5 percent to \$1,819 in 1999. The double-digit percentage rise in per capita payment is the largest percentage growth since 1992. In 1998, the SHP's per capita payment was \$1,616, a 4.5 percent increase from 1997.

To determine per capita payment, total plan payments are divided by total insured lives. Much of the growth in SHP per capita claims payments was due to the 16 percent growth in payments. Insured lives grew 3.1 percent. Plan payments totaled \$609.9 million in 1999, up from

\$525.7 million in 1998. The SHP insured an average of 335,370 lives in 1999, up from 325,347 insured lives in 1998.

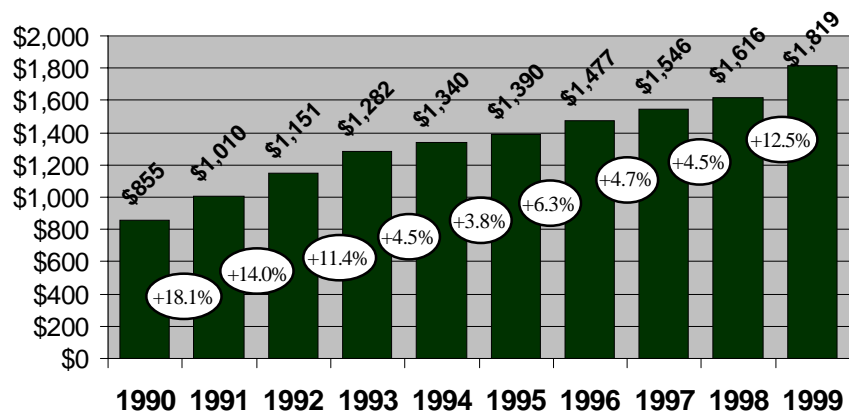
The claims payment data utilized in this article is on a "paid" and not an "incurred" basis.

### Subscriber Payments vs. Dependent Payments

Health costs varied by insured groups in 1999. As in previous years, the SHP paid more for subscriber costs than for the dependents of subscribers.

See PLAN PAYMENTS on Page 2

## State Health Plan Annual Payment per Insured Person: 1990 - 1999



## Plan Payments

Continued from Page 1

While each group's costs grew, the combination of cost growth and enrollment growth led to higher growth in the subscriber per capita payment than that of dependents.

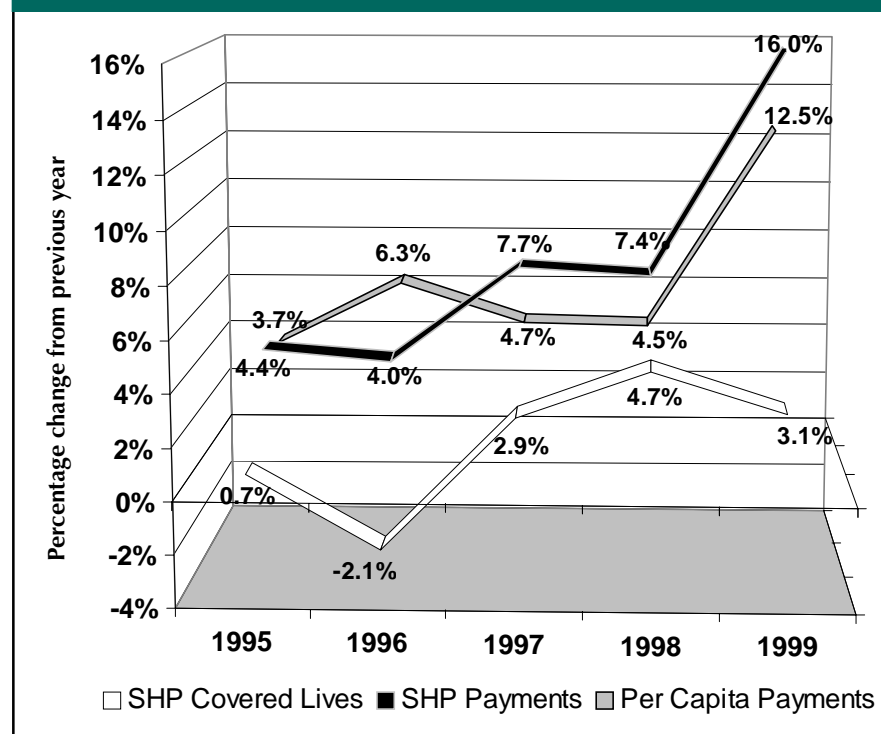
Claims payments for SHP subscribers made up 67.9 percent of total claims payments in 1999. The subscriber per capita plan payment was \$2,196, over 1.6 times the dependent per capita payment of \$1,334. The 1999 subscriber per capita payment grew 12 percent from \$1,960 in 1998. This growth was the result of the 16 percent increase in subscriber claims payments while subscriber enrollment only grew 3.5 percent.

As in 1998, the dependents of SHP subscribers comprised 32.1 percent of 1999 claims payments. The group is made up of subscriber spouses and/or children. The 1999 per capita payment for dependents was \$1,334, a little more than half the subscriber per capita payment. The dependent per capita payment increased 13.2 percent from \$1,178 in 1998. Dependent plan payment totaled \$195.8 million, up 16.1 percent from 1998.

Dependent spouses had the highest per capita payment and led per capita growth in 1999. Spouses had a per capita payment of \$2,521, a 16.1 percent climb from 1998. SHP spouse plan payments totaled \$125.8 million in 1999. Dependent spouse enrollment totaled 49,894.

Dependent children had the lowest per capita payment of any insured type in 1999. The per

## Percentage Growth in SHP Per Capita Payments and Covered Lives



capita payment for dependent children was \$723, a 7.6 percent increase from \$672 in 1998. SHP dependent children plan payments totaled \$70 million in 1999 while their enrollment totaled 96,879.

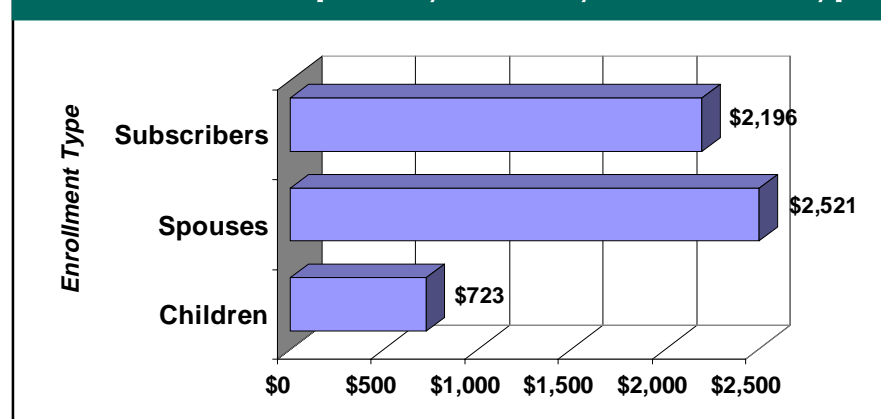
## Disposition of Charges

Since Plan payments are the portion of total charges the SHP

pays, analyzing the composition of total charges is essential to identifying payment growth trends. In 1999, the SHP had total charges of \$1.4 billion, a 15.4 percent increase from \$1.2 billion in 1998. Plan payments composed 43.2 percent of total charges in 1999, up slightly from 43 percent in

See PLAN PAYMENTS on Page 3

## 1999 SHP Per Capita Payments by Enrollment Type



## Plan Payments

Continued from Page 2

1998. The remaining charges were paid through coordination of benefits and cost savings.

### Coordination of Benefits

Coordination of benefits is necessary when a subscriber is also covered under another group insurance program. When this occurs, one group plan serves as the subscriber's primary carrier, paying its covered expenses first. The other carrier is considered secondary, paying the remaining portion of its coverage limits. In 1999, \$368.2 million (26.1 percent of total charges) were not paid by the Plan because of coordination of benefits (COB).

Medicare was the primary source of COB in 1999 with 92.2 percent of COB savings. In 1998, Medicare composed 92.9 percent of COB payments. Medicare paid

\$339.6 million through COB, a 16.7 percent rise in savings from 1999. Medicare is the primary carrier for retirees 65 and older, as well as persons approved by the Social Security Administration for disability retirement. Although Medicare does not provide coverage for prescription drugs, it pays for the majority of a claim prior to the SHP processing an amount for payment.

The remaining 7.8 percent of COB savings were the result of

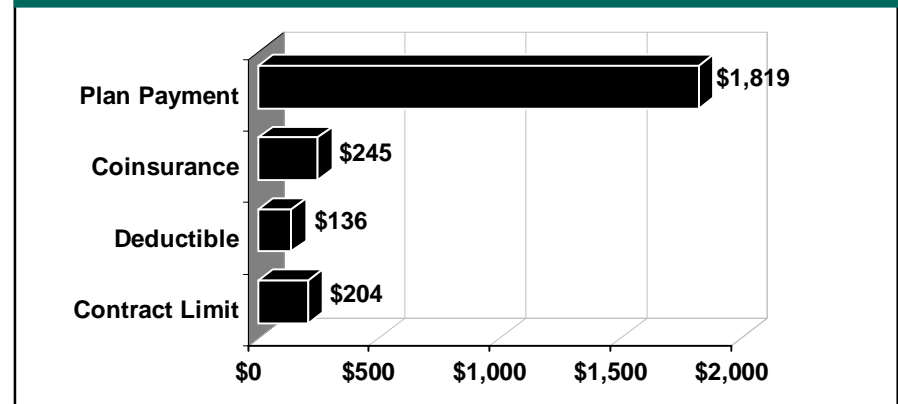
group insurance plans (\$26.3 million), subrogation (\$1.1 million), workers compensation (\$0.7 million), and Medicaid (\$0.5 million).

### Managed Care Savings

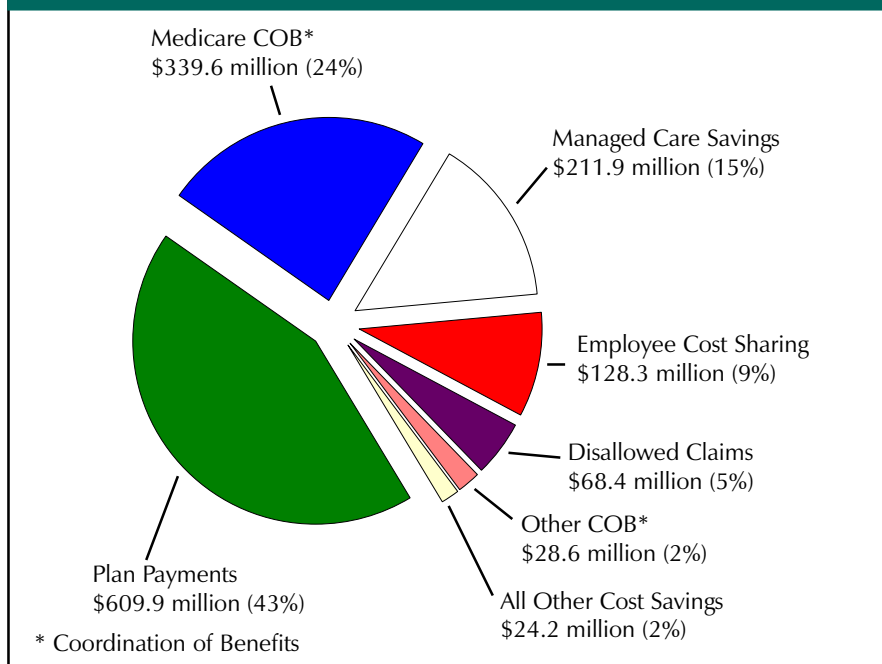
Besides COB savings, a primary area of savings realized by the SHP is managed care. These savings have become more important to the Plan as their share of total charges continues to increase. In 1998, managed care savings made up 13.2 percent of total charges. By 1999, they composed 15 percent of total charges. The SHP saved \$211.9 million in managed care savings in 1999, up 31 percent from 1998.

Hospital pricing policy savings made up the largest portion of managed care savings with \$105.9 million (50 percent). These savings are up 41.2 percent in just a year. The next largest component of managed care savings is professional payment reductions, which grew 20.3 percent from 1998 to 1999. Professional payment reductions totaled \$95.6 million and comprised 45.1 percent of managed care savings in 1999.

## 1999 Average Amount Paid by Plan, Average Amount shared with Each Insured



## 1999 Disposition of SHP Charges



See PLAN PAYMENTS on Page 4

## Plan Payments

Continued from Page 3

Pricing reductions from other providers contributed \$8.7 million (4 percent) in managed care savings. Other managed care savings totaled \$1.7 million (0.8 percent).

### Employee Cost Sharing

Cost sharing with insureds is the result of insured coinsurance and deductible payments. In 1999, the SHP saved \$128.3 million in cost sharing. The 1999 cost sharing savings made up 9.1 percent of total charges, down from 9.5 percent of 1998 total charges.

Insured coinsurance payments totaled \$82 million in 1999, or an average \$245 per insured. Insureds enrolled under the Economy Plan pay a 20 percent coinsurance rate for claims after meeting their annual deductible of \$300 per insured or \$600 per family. Standard Plan insureds pay a 15 percent coinsurance rate after meeting their annual deductible of \$200 per insured or \$400 per family. Coinsurance savings grew 13.7 percent from \$72.1 million in 1998. Insured deductibles saved the SHP \$45.5 million, or \$136 per insured.

### Disallowed Claims Savings

The SHP saved \$68.4 million (4.8 percent of total charges) through disallowed claims. Included in disallowed claims were charges disallowed due to non-covered services or dollar limits on certain services

(\$42.7 million); charges for non-covered dependents, experimental services, or medically unnecessary services (\$20.5 million); preexisting conditions or waiting periods (\$2.8 million); and reductions for multiple surgical procedures performed through the same incision (\$2.3 million).

### Plan Payments

#### Hospital Payments

Hospital claims payments are a major source of Plan payments annually. In fact, 47.2 percent of SHP payments in 1999 were due to hospital payments totaling \$288.1 million. Hospital payments grew 14.1 percent in 1999, exceeding the annual 3 percent growth cited from 1996 to 1998.

The primary contributor to the rise in hospital payments was the inpatient hospital category, which made up 58.4 percent of hospital payments. In 1999, inpatient hospital payments totaled \$168.2 million, up from \$144.8 million in 1998. This 16.2 percent rate of growth differed substantially from observed SHP inpatient hospital trends. From 1996 to 1998,

inpatient hospital payments dropped an average 1.8 percent annually. Inpatient hospital admissions rose 9 percent to 32,549 from 29,852 in 1998.

Hospital outpatient payments climbed 11.4 percent in 1999 to \$119.9 million (41.6 percent of hospital payments).

#### Professional Payments

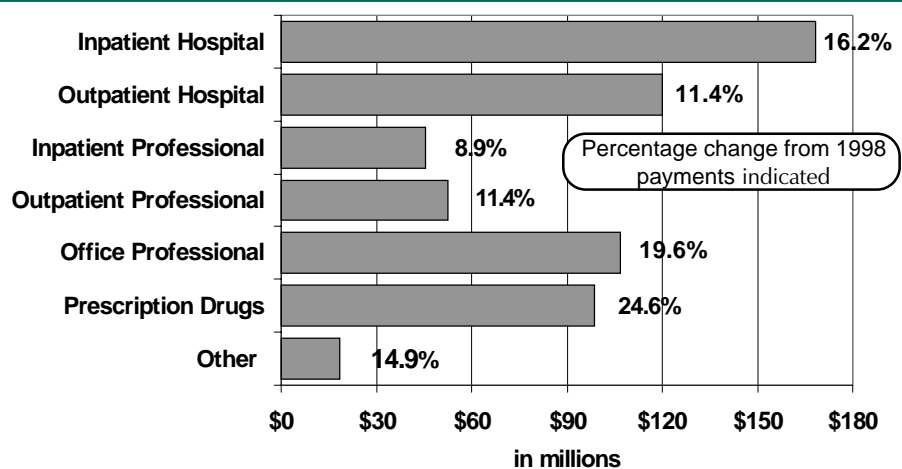
Professional payments composed 33.5 percent of Plan payments in 1999 with \$204.5 million. They rose 14.9 percent from \$177.9 million in 1998. Professional office payments made up 52.2 percent of professional payments with \$106.7 million, up 19.6 percent from the \$89.2 million paid in 1998.

Professional outpatient payments composed 25.6 percent of professional payments in 1999 with \$52.4 million. Outpatient payments grew 11.4 percent in 1999, slowing slightly from the 12.5 percent growth rate observed in 1998.

Professional inpatient pay-

See PLAN PAYMENTS on Page 5

### 1999 SHP Claims Payment, by Service Type, Location



Total 1999 Payments: \$609.9 Million

## Plan Payments

Continued from Page 4

ments were up 8.9 percent to \$45.4 million.

### *Prescription Drug Payments*

More attention has been placed on the role of prescription drugs and their impact on plan costs across the nation in recent years. SHP claims trends indicate significant growth in prescription drug costs as well. In 1995, prescription drug costs totaled \$49.9 million. By 1999, prescription drug costs totaled \$98.7 million. Drug costs were up 24.6 percent from 1998 to 1999. In 1995, 2.4 million prescriptions were filled. By 1999, 3.5 million prescriptions were filled. The average payment per prescription grew 13 percent to \$28.50 from \$25.21 in 1998.

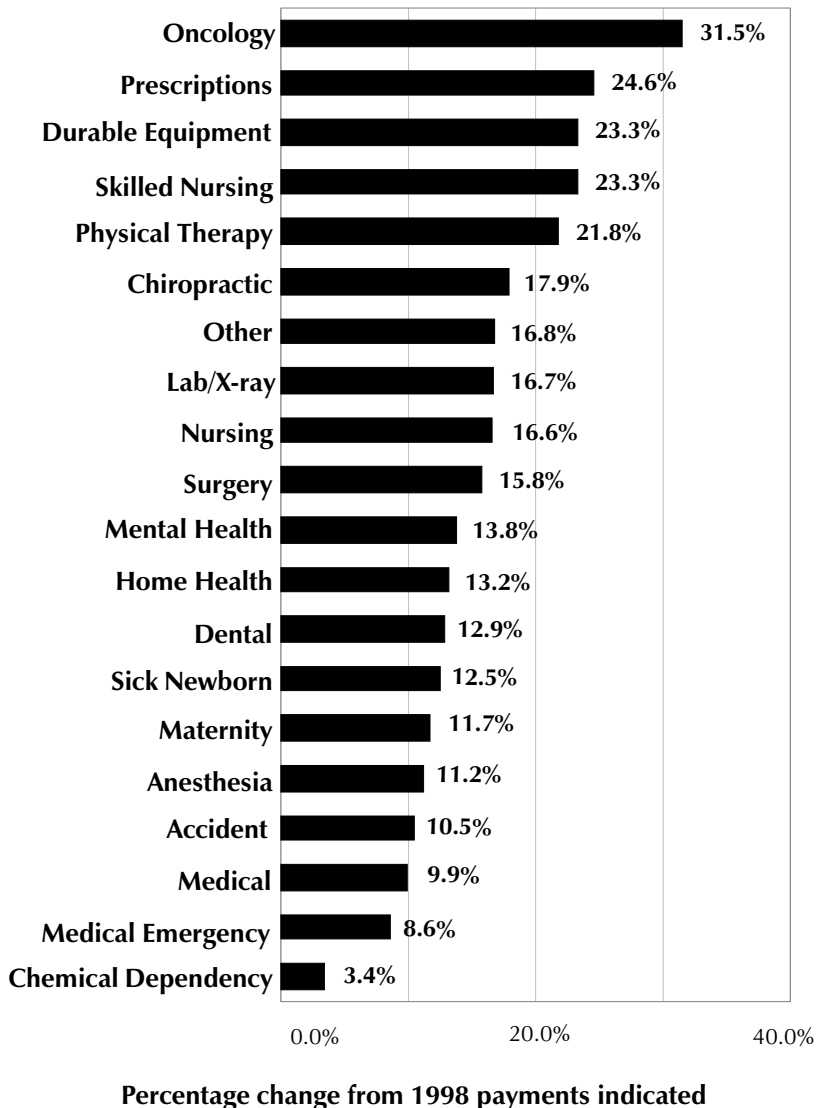
### *Service Analysis*

SHP payments were analyzed by service categories. Upon review, the data showed that unlike previous years, all service categories had increases in payments in 1999. Surgical services made up 36.9 percent of SHP payments with \$225.1 million. Medical services composed 18.9 percent of SHP payments with \$115.4 million.

Payment growth was realized across the board. The largest dollar growth occurred in surgical services, which grew \$30.7 million (15.8 percent). Prescription drug dollar growth ranked second in 1999 growing \$19.5 million (24.6 percent). Lab/x-ray services grew \$12.2 million (16.7 percent).

In terms of percentage growth, oncology services had the largest

## 1999 State Health Plan Claims Payment by Detailed Service Type




percentage growth from 1998, up 31.5 percent. Prescription drugs ranked second in terms of both dollar and percentage growth.

### Conclusion

Per capita plan payment growth is being fueled by the stunning growth in Plan payments. Plan expenditure growth has exceeded that of recent history and has surpassed the most careful predictions. As a result, the Plan and its insureds are

paying more for health care.

Maximizing cost savings adjustments is becoming more critical as expenditures rise. As total charges rose 15.4 percent in 1999, total cost savings increased a lesser 14.9 percent. The impact of these savings, preventive measures, along with further analysis of cost segments, will aid the SHP in its efforts to confront the national trend of rising health care costs and its impact on the Plan. 



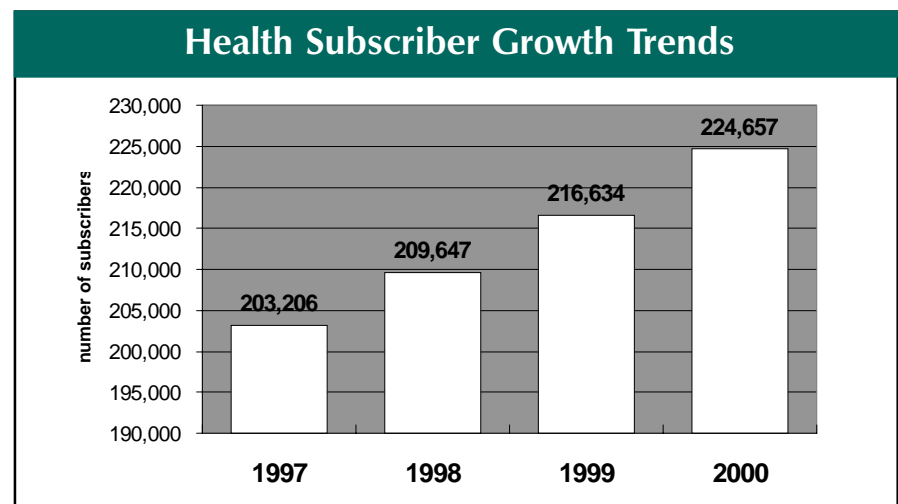
## State Plan Experiences Substantial In-Migration for 2000

Health claims expenditures are not the only thing on the rise within the Office of Insurance Services (OIS). Subscriber enrollment continues to climb as well. Overall subscriber enrollment increased 3.7 percent from February 1999 to February 2000. The growth exceeded the 3.3 percent and 3.2 percent growth rates cited in 1999 and 1998, respectively.

February data was utilized for each year of this analysis.

### Available Plans

The Office of Insurance Services offers a variety of health plan options to subscribers. The State Health Plan (SHP) provides coverage options to fit the needs of subscribers while several HMO options are available as well. Eligible subscribers at the Medical University of South Carolina can also choose the MUSC Options plan. Most subscribers chose the SHP for health coverage in 2000. The percentage of total subscribers enrolled in the SHP climbed from 86.3 percent in 1999 to 88.7 percent in 2000. HMO subscriber



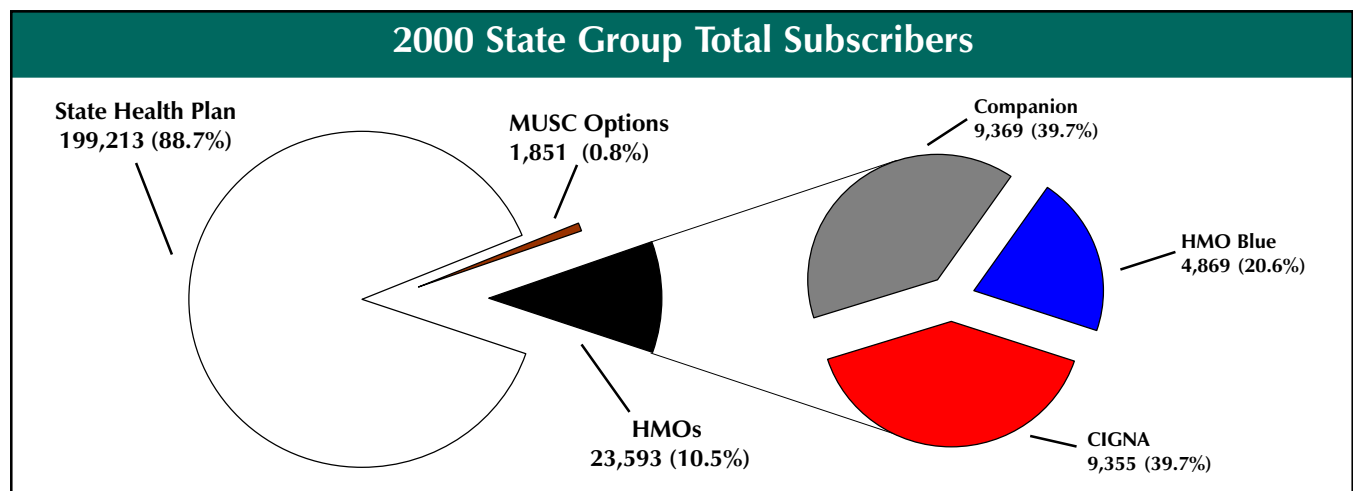
enrollment share declined from 13.2 percent in 1999 to 10.5 percent in 2000. The percentage of MUSC Options Plan subscribers doubled in 2000 to 0.8 percent.

### The State Health Plan

The SHP continued to be the most populated health plan with 88.7 percent of subscriber enrollment. A total of 199,213 subscribers were enrolled in the SHP in February 2000, a 6.5 percent increase from 1999. The SHP offers three coverage options, the Economy Plan, the Standard Plan, and the Medicare Supplement

Plan. These plans differentiate by several factors such as monthly premiums, annual deductibles, and co-payment percentages. The Economy Plan has a \$300 annual deductible per individual or \$600 per family. The Economy Plan's copayment percentage is 20 percent. In comparison, the Standard Plan's annual deductible is \$200 per individual or \$400 per family while the copayment percentage is 15 percent. The Medicare Supplement plan is available to retirees and their dependents and survivors that are

**See ENROLLMENT on Page 7**



## Enrollment

Continued from Page 6

entitled to Medicare.

The Standard Plan was the most populated option under the SHP with 81.8 percent (162,920 subscribers) of SHP subscribers. The Medicare Supplement Plan had 10.9 percent (21,762 subscribers) of SHP subscriber enrollment in 2000. The Economy Plan composed 7.3 percent (14,531 subscribers) of SHP subscriber enrollment.

### MUSC Options

The MUSC Options plan is offered to eligible employees of the Medical University of South Carolina. The plan is a self-funded managed care program, known as a point-of-service (POS) plan, designed to incorporate some beneficial features of HMOs and traditional indemnity plans.

In 2000, the plan's second year, subscriber enrollment nearly doubled to 1,851 subscribers from 946 in 1999. MUSC Options' subscriber enrollment is less than 1 percent of total subscriber enrollment and 26.7 percent of MUSC active subscribers in 2000.

### HMO Coverage Options

In 2000, subscribers could choose from up to three HMO options, depending on coverage area and availability. A total of 23,593 subscribers (10.5 percent) chose an HMO for their health plan. Of these subscribers, 95.5 percent were active subscribers. Companion accounted for 4.2 percent of subscriber enrollment with 9,369 subscribers. In terms of HMO enrollment, Companion made up 39.7 percent of HMO

subscribers.

CIGNA (formerly known as Healthsource) composed 4.2 percent of health subscriber enrollment and rank second in HMO subscriber enrollment with 9,355 subscribers (39.7 percent of HMO subscribers).

HMO Blue made up only 2.2 percent of health subscriber enrollment and 20.6 percent of HMO subscriber enrollment in 2000.

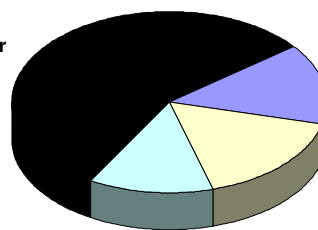
### Health Plan Switches

Subscribers have the opportunity annually to renew or change health plans. In most cases, subscribers maintained coverage in their existing health plan for 2000. However, a small percentage of subscribers switched health plans. A total of 5,292 subscribers (2.4 percent of health plan subscribers) switched health plans for 2000. This is a 4.2 percent decrease in switches from 1999. In 1999, 2.6 percent of health plan subscribers switched plans.

The SHP was the primary benefactor of subscriber switches. Subscriber switches to the SHP accounted for 92.6 percent of all switches as 4,898 subscribers switched to the SHP. Only 150 SHP subscribers switched to an

## 2000 State Health Plan Subscriber Enrollment by Tier

Subscriber Only Tier  
111,685 (56.1%)



Subscriber/Spouse  
28,602 (14.4%)

Subscriber/Children  
33,528 (16.8%)

Full Family  
25,254 (12.7%)

*Note: The subscriber enrollment for the Child Only (144) tier were too small to be represented in this chart.*

HMO or the MUSC Options plan in 2000. Some key-contributing factors in the popularity of the SHP are the fact that SHP subscribers experienced no premium growth in 2000 while some HMOs rates increased, and the introduction of the SHP prescription drug card, a popular feature of HMO plans. Only 4.6 percent (244 switches) of subscriber switches were from one HMO to another.

Companion HMO was the leading source of subscriber switches to the SHP. A total of 2,036 subscribers (41.6 percent of switches to the SHP) switched to the SHP in 2000. In 1999, only 16.7 percent of subscriber switches to the SHP were contributed to Companion. Companion departed from some service areas in 2000, leading to Companion subscribers in those areas switching to other plans. Only 119 subscribers switched to Companion from other health plans in 2000.

CIGNA was the second leading source of subscriber switches to the SHP in 2000 with 1,600 subscribers (32.7 percent of switches to the SHP) making the

See ENROLLMENT on Page 8

## Enrollment

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switch. In 1999, 53.2 percent of subscriber switches to the SHP came from CIGNA. Overall, CIGNA lost 1,639 subscribers to plan switches in 2000 while only gaining 138 for a net loss of 1,501 subscribers.

HMO Blue ranked third in terms of subscriber switches to the SHP. A total of 1,185 HMO Blue subscribers made the switch to the SHP in 2000. These subscribers accounted for 24.2 percent of subscriber switches to the SHP in 2000, down from 24.5 percent in 1999. The SHP dominated HMO Blue subscriber switches with 93.4 percent of the total number of HMO Blue subscriber switches in 2000.

### Subscriber Groups

#### Actives

Active subscriber enrollment grew 3.6 percent in 2000. Active subscribers made up 77.3 percent of all health plan subscribers in 2000 with 173,592 subscribers. This group represents 97.2 percent of all active employees eligible for health coverage.

The SHP continued to be the plan of choice for most active subscribers in 2000 with 86 percent of active subscribers. This is up from 82.9 percent in 1999. Among SHP actives, 90.7 percent enrolled in the Standard Plan.

Both the percentage and number of active subscribers enrolling in HMO coverage continued to decline in 2000. In 1997, 18.6 percent of active subscribers (29,480 subscribers) enrolled in HMOs. By 2000, only 13 percent of active subscribers

(22,530 subscribers) chose HMOs.

Companion HMO composed 5.1 percent of active subscribers in 2000 with 8,917 subscribers. Data since 1997 shows that Companion's share of active HMO enrollments has been climbing since 1997. For years until 2000, Companion was the second most popular HMO among active HMO subscribers behind CIGNA.

CIGNA made up 5.1 percent of active subscriber enrollments with 8,858 active subscribers. The remaining active HMO subscribers chose HMO Blue for their health coverage needs. A total of 4,755 active subscribers, or 2.7 percent of active subscribers, enrolled in HMO Blue in 2000.

#### Retirees

Retirees composed 20.9 percent of health plan subscribers in 2000. A total of 46,865 retiree subscribers were enrolled in 2000, a 4.6 percent increase from 1999. An overwhelming majority of retiree subscribers, 98.2 percent (46,026 subscribers), were enrolled in the SHP. Of those covered under the SHP, 54.2

percent were enrolled in the Standard Plan.

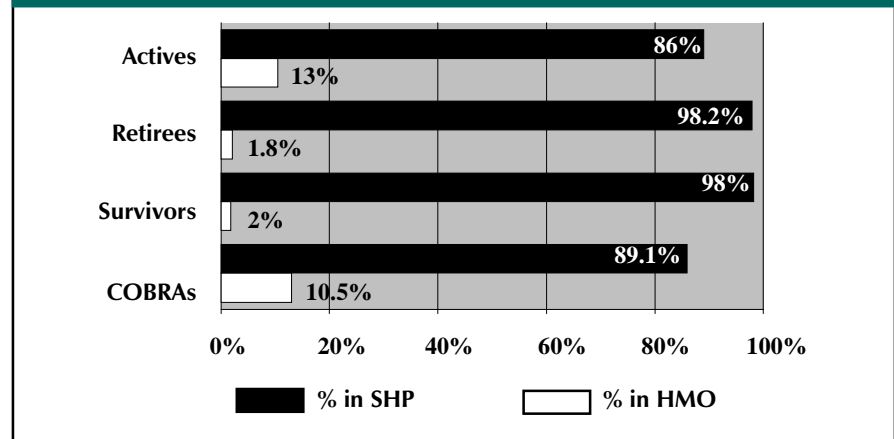
A total of 33,001 SHP retiree subscribers (71.7 percent) were eligible for Medicare in 2000. These retiree subscribers had two plan options available to them under the SHP – the Medicare Supplement Plan or the Standard Plan. The Medicare Supplement Plan pays Medicare deductibles, coinsurance, and includes a prescription drug benefit. The Standard Plan provides benefits by using the carve-out method in which the total combined payment by Medicare and the SHP is equal to the SHP payment for members who are not covered by Medicare.

With these options, 62.6 percent (20,658 subscribers) of Medicare-eligible SHP retirees chose to enroll in the Medicare Supplement Plan in 2000. That is up from 58.6 percent in 1999. The remainder of Medicare-eligible SHP retiree subscribers enrolled in the Standard Plan.

#### Survivors

Survivor subscribers made up only 1.1 percent of total subscri-

## 2000 Division of Subscribers between SHP and HMOs, by Subscriber Type



See ENROLLMENT on Page 9



## Enrollment

Continued from Page 8

ers in 2000 with a total of 2,541 subscribers. A total of 2,491 survivor subscribers (98 percent of all survivor subscribers) enrolled in the SHP. Subscribers age 65 or above composed 71.3 percent (1,813 survivor subscribers) of survivor subscribers.

### COBRA

COBRA subscribers are eligible for coverage under the guidelines established by the Consolidated Omnibus Budget Reconciliation Act (COBRA). Under this federal legislation, employers are required to offer covered employees and covered family members the opportunity for a temporary extension of health and/or dental coverage at group rates when such coverage would otherwise end due to a qualifying event. A total of 1,659 subscribers were covered under COBRA in 2000. Most of these subscribers, 89.1 percent (1,478 subscribers) were enrolled in the SHP.

### Subscriber Tiers Trends

The *subscriber only*, *subscriber/spouse*, *subscriber/child*,

and *full family* tiers compose the tier structure. Premiums vary according to tier with the *subscriber only* tier group paying a lesser amount than other tiers.

Overall, 57 percent (128,125 subscribers) of all health plan subscribers enrolled in the *subscriber only* tier. The tier was most prominent among HMO and SHP subscribers as 65.4 percent (15,424 HMO subscribers) of HMO subscribers and 56.1 percent (111,685 SHP subscribers) of SHP subscribers enrolled in the tier, respectively.

The *subscriber/child* ranked second in subscriber enrollment with 17.3 percent (38,792 subscribers) of all subscriber enrollments. The tier comprised 21.5 percent of active subscriber enrollments yet only 3 percent of retiree, survivor, and COBRA enrollment. The *subscriber/child* tier composed 16.8 percent (33,528 subscribers) of SHP subscriber enrollment while 20.8 percent (4,923 subscribers) of all HMO subscribers were from this tier.


The *subscriber/spouse* tier ranked third in terms of tier enrollment with 13.5 percent (30,291 subscribers) of all subscribers. The tier consisted of only 10.7 percent of active

subscribers. The SHP was the preferred choice for subscribers in this tier as 94.4 percent of *subscriber/spouse* subscribers were enrolled in the SHP.

The *full family* tier made up 12.1 percent of subscriber enrollment in 2000. *Full family* subscribers consisted mainly of active subscribers. In 2000, 15.1 percent of active subscribers were enrolled in this tier while only 2.2 percent of retiree, survivor, and COBRA subscribers. SHP subscribers composed 92.6 percent of the *full family* tier.

### Conclusion

The SHP has become more popular to subscribers who usually choose an HMO option. The number of subscribers switches to the SHP from an HMO more than doubled in 2000. While HMO enrollment continued to decline, State Health Plan enrollment continued its rise.

As the active and retiree subscriber groups maintain their rates of growth and the SHP continues to increase its share of overall subscribers, the SHP's subscriber enrollment will continue to play a role in the Plan's rising claims expenditures. 

## 2000 Subscriber Disenrollment from State Plan and HMOs

	Total Disenrollment	October 1999 Enrollment	Disenrollment Percentage	Voluntary Disenrollment	Voluntary Disenrollment %
State Health Plan	150	190,521	0.08%	150	0.08%
CIGNA	1,639	11,376	14.4%	1,639	14.4%
Companion	2,036	11,519	17.7%	1,115	9.7%
HMO Blue	1,269	6,216	20.4%	1,269	20.4%

*Disenrollment (subscribers leaving a particular plan option for another) comes in two ways. First, the plan option no longer may be available in the subscriber's area. Second, a subscriber may opt for another plan, even though the current plan remains available. Leaving a plan under these circumstances is termed "voluntary disenrollment."*

## Dental Per Capita Payments

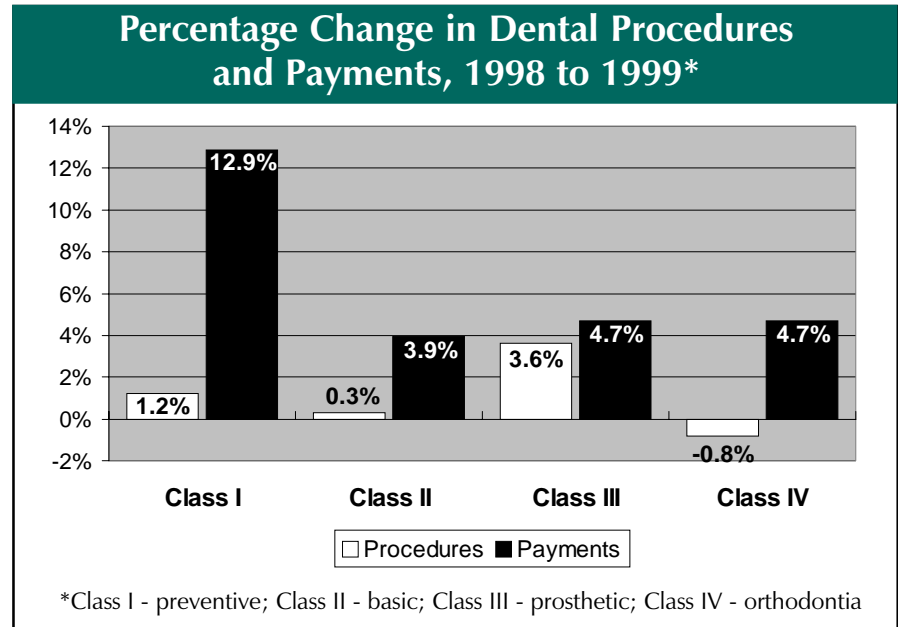
State Dental Plan per capita payment increased 5.3 percent in 1999. The per capita payment rose from \$105.76 in 1998 to \$111.36 in 1999. The increase in dental per capita payment results more from a 8.2 percent climb in dental payments than the 2.7 percent rise in dental enrollment. Dental payments totaled \$43.9 million in 1999. Total dental procedures grew a slight 1.1 percent from 1.21 million in 1998 to 1.23 million in 1999.

### Plan Classes

The State Dental Plan is divided into class levels of service. Class I refers to Preventive dental services such as teeth cleaning. Class I payments totaled \$20.6 million in 1999, up 12.9 percent from 1998. These payments composed 47 percent of 1999 dental payments. Class I allowances were raised 10 percent for 1999. The payment growth in Class I was not due to significant growth in the number of Class I procedures. In fact, the number of Class I procedures rose only 1.2 percent to 736,343 in 1999.

Class II refers to Basic dental services such as fillings and root canals. The class made up 25.4 percent of 1999 Dental Plan payments with \$11.2 million. Class II payments grew 3.9 percent from the \$10.7 million posted in 1998. The number of Class II procedures was up slightly to 340,756 in 1999 from 339,671 in 1998.

Class III refers to Prosthetic dental services such as crowns, bridges, and dentures. These types of services composed 20.2



percent of 1999 dental payments with \$8.9 million. Payments for Class III grew relatively in step with growth in procedures for the class. While Class III payments were up 4.7 percent, the number of procedures performed increased 3.6 percent. A total of 105,596 Class III procedures were done in 1999.

Class IV consists of Orthodontia services but are limited to dependent children younger than 19 years of age. These services made up only 7.4 percent of dental payments with \$3.2 million. In 1999, the number of Class IV procedures actually declined 0.8 percent to 45,370.

### Subscriber Tiers

State Dental Plan subscriber enrollment increased 3.5 percent in 1999 to 219,591. The majority of subscribers (57 percent or 125,200 subscribers) enrolled in the subscriber-only tier. Subscriber-only tier dental payments

composed 31.8 percent of dental payments with \$14 million in 1999. The tier's 1999 payment total is a 9.8 percent increase from 1998. The subscriber-only tier accounted for 30.9 percent of 1999 procedures with 379,216.

The full family tier ranked second in terms of dental payments in 1999 with \$12.8 million (29.1 percent of dental payments). That is 7.5 percent increase from 1998. In terms of dental procedures, the full family tier ranked second with 366,677 (29.9 percent of total procedures).

The subscriber/children tier made up 19.6 percent of dental payments in 1999. The \$8.6 million in dental payments reflects a 6.5 percent increase in payments. In 1999, a total of 32,202 subscribers enrolled in this tier, a 2.5 percent increase from 1998. However, even with the increase in the tier's subscriber enrollment, total procedures classified under

**See DENTAL on Page 11**

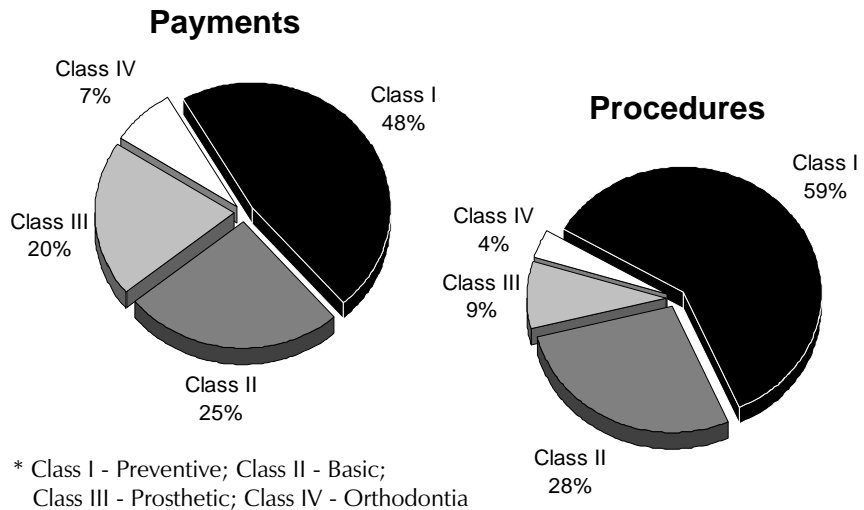
## Dental

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the tier declined 0.6 percent to 255,365 (20.8 percent of total procedures).

The subscriber/spouse tier had \$8.5 million in dental plan payments (19.5 percent of dental payments). This reflects a 8.3 percent rise in dental payments. The tier ranked fourth in terms of number of procedures with 226,807 (18.5 percent of total procedures). Subscriber enrollment in the subscriber/spouse tier rose 3.8 percent to 32,139 subscribers in 1999.

### Share of 1999 Dental Payments and Procedures by Class\*



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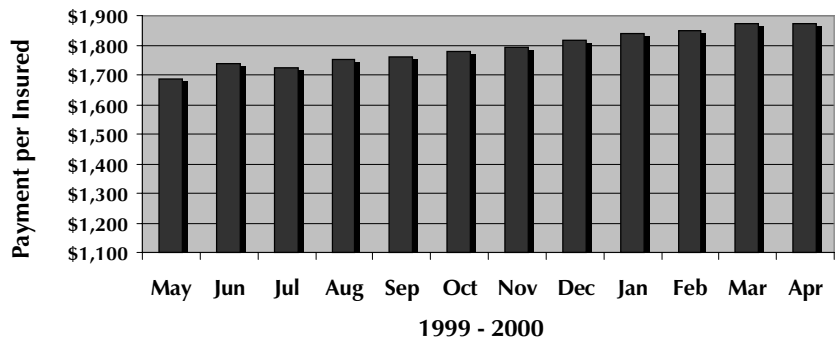
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## Past Trends

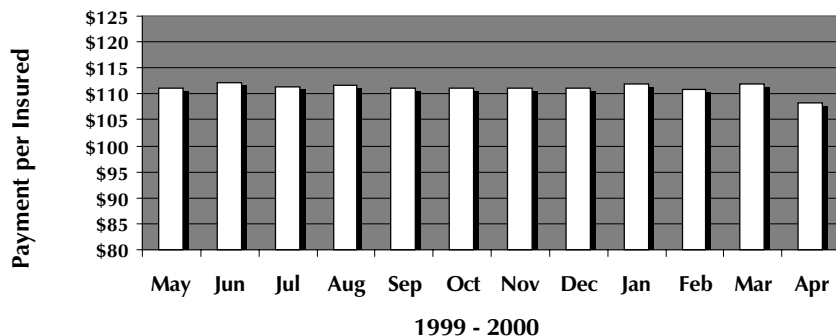
### Medical Payments in Prior Year Ending in Month Listed

For example, the April total equals payments made May 1999 - April 2000.

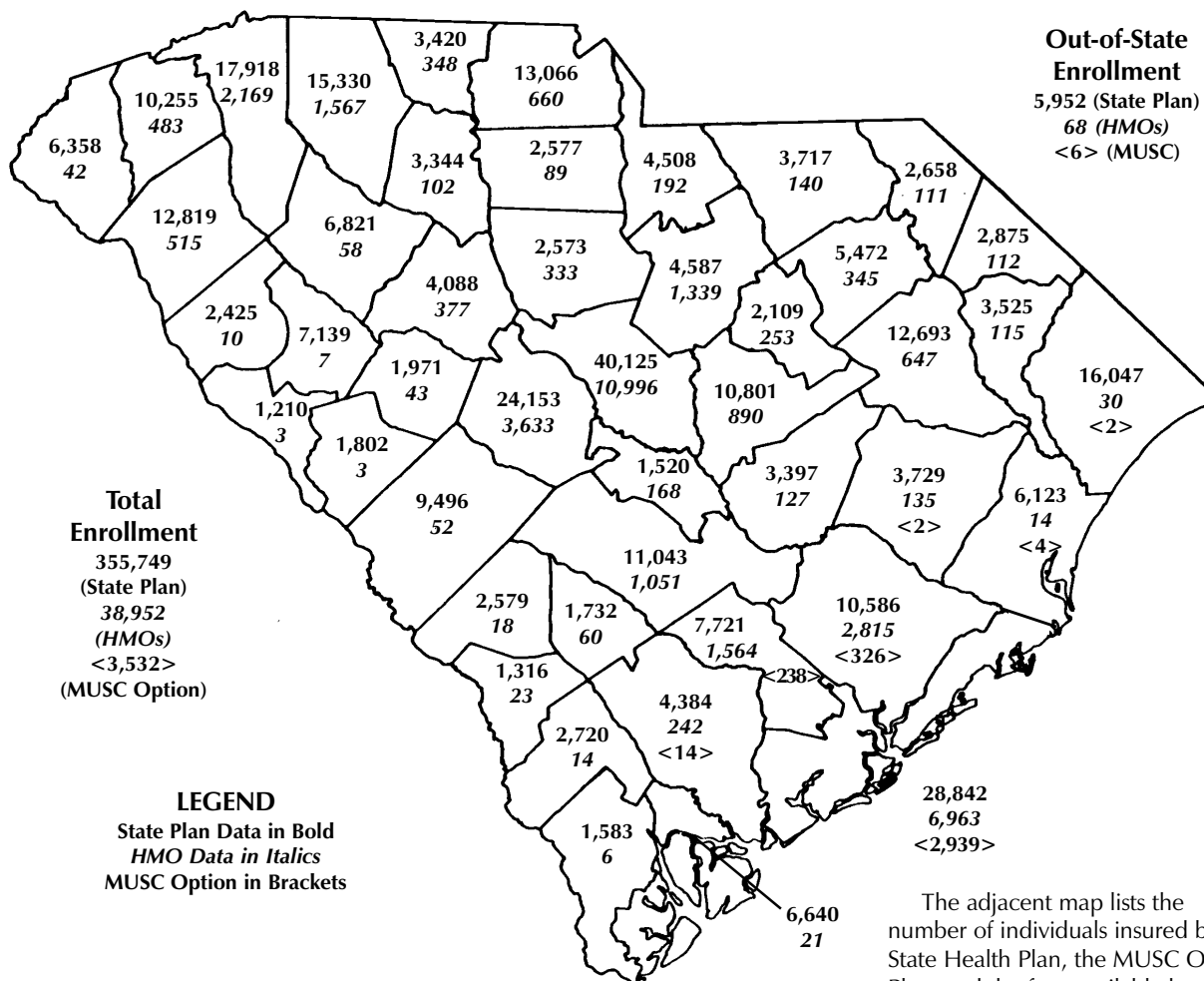


### Dental Payments in Prior Year Ending in Month Listed

For example, the April total equals payments made May 1999 - April 2000.



## 2000 State Group Enrollment by County



Office of Insurance Services  
State Budget and Control Board  
Post Office Box 11661  
Columbia, South Carolina 29211